		Document	Page 1	of 4		•	7/25/16 8:15P1
Fill in this informa	ation to identify your o	:ase:		9000000000			
Debtor 1	Catherine Renee I	Poid		- ;			
Bestor 1	First Name	Middle Name	Last Name				
Debtor 2		A (ANN)					
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bank	cruptcy Court for the:	EASTERN DISTRICT OF PEN	INSYLVANIA				
Case number 16	6-12776						
(if known)						■ Checl	k if this is an
						amen	ded filing
O(() 1 E	4005/5						
Official Form	· · · · · · · · · · · · · · · · · · ·		<b>.</b> .				40445
		ho Have Unsecured  e Part 1 for creditors with PRIORIT					12/15
left. Attach the Conti	nuation Page to this pag	ured by Property. If more space is a e. If you have no information to rep	port in a Part,	ne Part you lo not file th	need, fill it out, at Part. On the t	number the entries top of any additiona	In the boxes on the I pages, write your
name and case numb	, ,						
Part 1: List Ail	of Your PRIORITY Un	The state of the s					
Part 1: List Ail  1. Do any creditors	of Your PRIORITY Un s have priority unsecured	The state of the s					
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Part 1: List All  1. Do any creditors  No. Go to Part  Yes.  2. List all of your pidentify what type possible, list the Part 1. If more the	of Your PRIORITY Uns have priority unsecured that 2.  priority unsecured claims a claim in alphabetical order an one creditor holds a particular to the control of the cont	d claims against you?	ts, list that clain you have more n Part 3.	here and si than two prid klet.)	now both priority a	and nonpriority amou laims, fill out the Con Priority	nts. As much as tinuation Page of Nonpriority
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No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

	Case 16-12776-amc Doc 39	Document Page 2 o	ed 08/17/16 13 f 4 case number (if know)	:28:30 Desc	Main 7/25/16 8:15PM
4.1	Albert Einstein Healthcare Network Nonpriority Creditor's Name 101 E. Olney Avenue, Suite 301	<del></del>	4381 04/15/2016		\$36.36
	3rd Floor Philadelphia, PA 19120-2470 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is:			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured of	łaim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separal report as priority claims	tion agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing p	slans, and other similar de	ebts	
	☐ Yes	Other Specify Medical Bill			
4.2	Credit Acceptance	Last 4 digits of account number	3902		\$8,048.00
	Nonpriority Creditor's Name PO Box 5070 Southfield, MI 48086	When was the debt incurred?	12/29/2011		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured c	laim:		
	☐ Check if this claim is for a community	☐ Student loans		•	
	debt Is the claim subject to offset?	Obligations arising out of a separal report as priority claims	ion agreement or divorce	that you did not	
	<b>■</b> No	Debts to pension or profit-sharing p	olans, and other similar de	ebts	
	☐ Yes	■ Other. Specify Auto Loan  Joint Accoun			
4.3	Credit Collection Services	Last 4 digits of account number	5336		\$57.00
	Nonpriority Creditor's Name P.O. Box 9134	When was the debt incurred?	06/24/2014		
	Needham Heights, MA 02494-9134  Number Street City State ZIp Code  Who Incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured c	ialm		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separat	ion agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing p	olans, and other similar de	ebts	
	☐ Yes	Collection  Other. Specify Original Cred			

	Case 16-12776-amc Doc 39  1 Catherine Renee Reid	Document Page 3 of		esc Main 7/25/16 8:15PM
4.4				<b>A400.00</b>
4.4	Dr. Sonya Lee, MD  Nonpriority Creditor's Name	Last 4 digits of account number	2001	\$132.80
	51 N. 39th Street	When was the debt incurred?	02/03/2016	
	Suite 500 Philadelphia, PA 19104	•		
	Number Street City State Zlp Code	As of the date you file, the claim is:	: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a separa report as priority claims	ation agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	plans, and other similar debts	
	☐ Yes	■ Other, Specify Medical Bill		
		— Officer, Specify		•
4.5	GYN Specialists Presbyterian Office	Last 4 digits of account number	7438	\$167.34
	Nonpriority Creditor's Name	- NAME		
	P. O. Box 63862 Philadelphia, PA 19147-7862	When was the debt incurred?	03/24/2016	
-	Number Street City State Zlp Code	As of the date you file, the claim is:	: Check all that apply	-
	Who incurred the debt? Check one.	<u></u>		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated —	•	
	Debtor 1 and Debtor 2 only	■ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured (	claim:	
	☐ Check if this claim is for a community debt	Student loans		
	Is the claim subject to offset?	Obligations arising out of a separa report as priority claims	ation agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	plans, and other similar debts	
	□Yes	■ Other. Specify Medical Bill		
4.6	T-Mobile Bankruptcy Team	Last 4 digits of account number	3109	\$0.00
	Nonpriority Creditor's Name	·		<del>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </del>
	P.O. Box 53410 Bellevue, WA 98015-3410	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim is:	: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured of	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separa report as priority claims	ation agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	plans, and other similar debts	
	□ Yes			
	h.m.d 153	Other. Specify		•
Part 3:	List Others to Be Notified About a Debt	That You Already Lieted		
5. Use the is trying have notified	ois page only if you have others to be notified abing to collect from you for a debt you owe to some ore than one creditor for any of the debts that yed for any debts in Parts 1 or 2, do not fill out or	out your bankruptcy, for a debt that youeone else, list the original creditor in Fyou listed in Parts 1 or 2, list the additions about this page.	Parts 1 or 2, then list the collection agency onal creditors here. If you do not have add	here, Similarly, if you
		n which entry in Part 1 or Part 2 did you li: ne <u>4.4</u> of ( <i>Check one):</i>	st the original creditor? Part 1: Creditors with Priority Unsecured Clai	ms

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Desc Main

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Debtor 1 Catherine Renee Reid

Philadelphia, PA 19147-7862

P. O. Box 63862

Case number (if know)

16-12776

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7438

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	699.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	ş —	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	699.00
	6f.	Student loans	6f.	•	Total Claim
Total claims	01.	Statem Isuns	dj.	\$	0.00
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other, Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	8,441.50
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	8,441.50